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ABSTRACT

The document discusses the development of individualized education programs (IEPs) for handicapped students based upon information which describes a child's level of educational achievement and learning rate, social development, physical development, and management needs in the classroom. An introductory section provides a rationale for developing IEPs based on the individual needs of each pupil. Contained in a second section is an expanded list of the type of information which may be included in each of the four criteria areas. Tables consist of one column which outlines the major performance areas (academic achievement/learning rate, social development, physical development, and management needs) and another column which provides examples of related skills and needs within the areas. The identification and classification of the handicapping condition is briefly considered in another section. A fourth section on annual IEP goals covers the selection of appropriate programs and services (including regular classroom programs, related services, resource room programs, and special classroom programs); and offers four case studies which illustrate a range of educational levels and needs. Each case offers student information and subsequent recommendations which should be considered as samples of the special education programs, services, and annual goals that would be included in Phase 1 (evaluation of the pupil and formulation of the IEP) of the IEP process. Cases include a learning disabled 14-year-old, a behavior disordered 13-year-old, a 17-year-old girl with multiple handicaps, and a retarded 8-year-old. Appended are definitions of handicapping conditions. (SW)

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# PERFORMANCE LEVELS AND INDIVIDUAL NEEDS

- Academic or Educational Achievement and Learning Rate
- Social Development
- Physical Development
- The Management Needs of the Pupil in the Classroom

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The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office for Education of Children with Handicapping Conditions
Albany, New York 12234
June 1982

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## FOREWORD

The concept of providing special education programs and services to pupils with handicapping conditions based on the severity of the handicap, the capabilities and the educational, social or emotional needs of each pupil has been well-established in New York State. Section 200.6 of the Regulations of the Commissioner of Education, effective July 1, 1982, expands the concept by basing services on individual needs, as identified through reports on the pupil's performance and developmental levels in Phase I of the individualized education program (IEP).

Each IEP must contain statements of the pupil's needs according to the following four criteria:

- academic or educational achievement and learning rate,
- social development,
- physical development, and
- management needs of the pupil in the classroom.

Use of the criteria will enable the school district to determine the most appropriate educational programs and to group pupils according to the similarity of their needs.

Based on the similarity of these educational needs, pupils are then placed in programs and assigned services according to either Section 200.6 or Section 200.14 of the Regulations. The continuum of services described in this manual is appropriate for those districts using Section 200.6. Further information and clarification can be obtained by contacting the Office for Education of Children with Handicapping Conditions.

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## INTRODUCTION

This document discusses the development of individualized education programs (IEPs) based upon information which describes a child's level of educational achievement and learning rate, social development, physical development and management needs in the classroom. It is designed to:

- Provide a rationale for developing individualized education programs based on the individual needs of each pupil,
- Clarify the relationship of performance level criteria to the referral and evaluation procedures of the committee on the handicapped,
- Provide an expanded description of each criteria area,
- Encourage valid translation of student performance and developmental data into appropriate special program and service recommendations.

The primary focus of the document is on the development of four essential components of the IEP. Particular attention is given to the areas in which a pupil's levels of performance are to be described. It is this portion of the IEP which leads to the classification of the pupil's handicapping condition, the selection of appropriate annual goals, and a determination of need for special programs and services for such pupils.

In the last section, four case summaries are provided to demonstrate a variety of approaches to the development of IEPs which include recommendations for the provision of appropriate special education programs and services.

### Background and Rationale:

In New York State, school districts are responsible for providing suitable educational opportunities to children with handicapping conditions based upon the individual needs of each child. Sections 3602 and 4401 of the Education Law specify categories of educationally handicapping conditions and special education programs which must be available; Section 4402 lists the responsibilities of school districts, one of which is the provision of services according to the individual needs of each handicapped child.

Part 200 of the Regulations of the Commissioner of Education establishes the ways and means by which local school districts are to comply with these provisions in law. The regulations define the various handicapping conditions (see Appendix of this document) and establish minimum standards for a variety of approvable special education programs. Part 200 also outlines the minimum standards and procedures for evaluating, identifying and recommending individualized education programs for these children. Sections 200.4 and 200.6 specifically require a committee on the handicapped (COH) to describe and recommend programs according to a handicapped child's level of performance.

**The Individualized Education Program:**

The IEP is viewed as the linking pin between an individual pupil with an educationally handicapping condition and the special education programs and services of a district. As a program plan, it describes the current levels of performance and handicapping condition of the pupil, the annual goals for the improvement of the pupil's performance, the appropriate special programs and services to assist the pupil in his or her schooling and a plan for evaluating and reviewing the pupil's progress on at least an annual basis. The IEP is developed in two phases—Phase I by the committee on the handicapped and Phase II by the special education personnel serving the pupil. The development of each phase is highly dependent upon the involvement of the parent and, where appropriate, the pupil.

**Phase I**

Phase I of the IEP is developed as the committee on the handicapped conducts its evaluation of the pupil and meets to formulate the IEP. The result is a document which contains the following information:

(i) A report of the Present Levels of Performance indicating the individual needs in each of the following areas:

(a) academic or educational achievement and learning rate,
(b) social development,
(c) physical development,
(d) management needs of the pupil(s) in the classroom.

(ii) The pupil's Handicapping Condition.

(iii) The Annual Goals that are consistent with the pupil's educational needs and abilities.

(iv) The recommended Special Education Programs or Services and the extent to which the pupil will participate in the regular education programs of the school. If a special class program is recommended, the appropriate class size is stated. Also, if occupational/vocational education is stated as a goal, the appropriate program is described here.

(v) The projected date for initiation of special education programs and services, the amount of time per day the pupil will receive such services, and the projected date of review of the pupil's need for such services.

(vi) A description of any specialized equipment and adaptive devices needed for the pupil to benefit from education.

(vii) A listing of those testing modifications to be used consistently by the pupil in the recommended program.

(viii) The selected placement (the school, district or other educational agency which will provide the programs and services described).

**Phase II**

Phase II of the IEP development process is carried out by the teachers assigned to provide the special programs and services. Upon approval of the board of education and the parents, the pupil is placed in the recommended program. A planning conference is conducted within thirty days of the date of placement, at which time the pupil's teachers, parents and other appropriate personnel develop:

(i) A statement of short-term objectives consistent with the annual goals listed in Phase I.

(ii) Appropriate objective criteria, evaluation procedures and schedules for determining, on at least an annual basis, whether the instructional objectives are being achieved.

## DETERMINING THE PRESENT LEVELS OF PERFORMANCE

The determination of the present levels of performance of a pupil thought to be handicapped is made by the COH on the basis of data collected during the referral and evaluation process. These data become the basis for the development or revision of Phase I of the IEP. If the information available on a particular student is to be sufficient to complete the IEP, it must permit both adequate descriptions of a student's current functioning in all appropriate areas and a determination of program needs. Therefore, committees on the handicapped must ensure that the assessments include both quantitative and qualitative measures of the pupil's levels of performance.

When establishing district-wide procedures for referral and evaluation, consideration should be given to collecting and organizing referral information sent to the committee, as well as that found in anectodal records, informal screening reports and formal assessment records according to the four areas of performance.

The four areas of student performance and development which must be specified in Phase I of the IEP are as follows:

- Academic or educational achievement and learning rate:

  Information on level of intellectual functioning as well as information on the level and pacing of effective instruction (amount of repetition and reinforcement needed, etc.). In addition, this area would include current functioning levels in all appropriate areas (e.g., basic academic skills, language development, daily living skills).

- Social development:

  Information on student's social interactions, feelings about himself or herself and adjustment to the environment.

- Physical development:

  Information on student's health, vitality, sensory and motor development as well as size and weight information relevant to placement.

- The management needs of the pupil(s) in the classroom:

  Information as to the amount of adult supervision and support, ranging from minimal to intensive, necessary for the student and others in the program to benefit from instruction.

The following is an expanded list of the type of information which may be included in each of the criteria areas. The column on the left outlines the major performance areas; the right-hand column provides examples of related skills and needs within such areas.

**An Expanded Description of Four Areas of Educational Performance**

| PERFORMANCE AREAS | SPECIFIC SKILL/NEED INDICATORS |
|---|---|
| **I. Educational or Academic Achievement and Learning Rates** | |
| **A. Learning Rates** | |
| 1. Intellectual functioning | Cognition |
| a. Verbal | Memory |
| b. Performance | Application |
| 2. Acquisition of skills | Past performance |
| 3. Acquisition of information | Learning style |
| **B. Educational or Academic Achievement** | |
| 1. Preacademic Skills | |
| a. Self-Help Skills (Physical) | Toileting skills |
| | Hygiene skills |
| | Dressing skills |
| | Feeding skills |
| b. Mobility and Motor Development | Ambulatory development |
| | Gross motor development |
| | Fine motor development |
| c. Perceptual skills | Visual focusing and auditory attention |
| | Visual tracking and sound localization |
| | Visual and auditory discrimination |
| d. Basic Concepts | Tactile/kinesthetic discrimination |
| | Spatial concepts |

| PERFORMANCE AREAS | SPECIFIC SKILL/NEED INDICATORS |
|---|---|
| e. Communication Skills | |
| (1) Mode of Communication | Verbal, nonverbal, sign language, total communication, lipreading, gesture, language board, other dominant language |
| (2) Receptive Language | Understanding of words in isolation |
| | Understanding of contextual language |
| | Understanding of commands, directions |
| (3) Expressive Language | Expressive vocabulary |
| | Expression of basic needs, desires |
| | Expression for the purpose of communication |
| | Syntax |
| | Grammar |
| (4) Speech | Articulation |
| | Intelligibility |
| 2. Academic Skills | |
| a. Reading | |
| (1) Decoding level (independent instructional) | Readiness skills |
| | Sight vocabulary |
| | Sound/symbol relationships |
| | Structural analysis |
| (2) Comprehension level | Main idea, theme |
| | Recall of basic details |
| | Retention of details |
| | Understanding sequence of events |
| | Understanding causal relationships |
| | Drawing conclusions |
| | Making inferences |

| PERFORMANCE AREAS | SPECIFIC SKILL/NEED INDICATORS |
|---|---|
| b. Written Communication | |
| (1) Handwriting | Letter formation<br>Spacing<br>Legibility |
| (2) Spelling | |
| (3) Written Expression | Sentence structure<br>Syntax<br>Grammar<br>Punctuation<br>Paragraphs<br>Expository writing |
| c. Mathematics | |
| (1) Conceptual Level | Readiness skills<br>Whole number concepts<br>Fractional number concepts<br>Money concepts<br>Time concepts<br>Measurement concepts<br>Higher order mathematical concepts |
| (2) Computational level | Basic operations<br>Word problems<br>Application of money concepts<br>Application of time concepts<br>Application of measurement concepts<br>Application of higher order mathematical concepts |

| PERFORMANCE AREAS | SPECIFIC SKILL/NEED INDICATORS |
|---|---|
| d. Other subject areas | Social studies performance<br>Science performance<br>Vocational aptitudes, skills<br>Artistic abilities<br>Musical abilities<br>Physical education performance<br>Independent living skills<br>Career orientation |
| **II. Level of Social Development** | |
| A. Student and Self | Awareness of others<br>Passivity<br>Anxiety, fear<br>Impulsivity<br>Hostility, anger<br>Self-abusiveness<br>Perseverance<br>Frustration tolerance |
| B. Student/Peer Interaction | Leadership<br>Manipulative, aggressive, provocative behavior |
| C. Student/Teacher | Response to direction, authority<br>Response to correction, criticism, discipline<br>Adult attention seeking<br>Contact initiation |
| D. Student/Family | Relationship with parents, guardians, siblings<br>Relationship to extended family |
| E. Student/Environment | Responsibility for personal property<br>Responsibility for property of others |

| PERFORMANCE AREAS | SPECIFIC SKILL/NEED INDICATORS |
|---|---|
| **III. Level of Physical Development** | |
| A. Health | |
| 1. General state | General health, historic and current |
| | Immunizations |
| 2. Growth | Height, weight, stature |
| 3. Problems | Diseases |
| | Injuries |
| | Orthopedic status |
| | Neurological development |
| | Medications |
| B. Vitality | Physical vitality |
| | Mental vitality |
| C. Sensory Development | Visual acuity |
| | Auditory acuity |
| | Tactile/kinesthetic sensitivity |
| | Olfactory sensitivity |
| | Gustatory sensitivity |
| **IV. Management Needs of the Pupil in the Classroom** | |
| As suggested earlier, the various levels of performance are determined by the committee on the handicapped using the specific information gathered in the evaluation process. Management needs relate to each of the areas of educational achievement, social development and physical development and may also be determined through the evaluation process. Management needs suggest the amount of assistance, support, or environmental modifications necessary for the student to achieve the identified educational, social and physical goals. | Educational<br>- teacher assistant/ aide<br>- small group for instruction<br>- larger class size<br>Social<br>- teacher aide/ assistant<br>- small class size<br>Physical<br>- note taker<br>- interpreter<br>- aide |

**Evaluating Levels of Achievement, Learning Rate, Social and Physical Development:**

The evaluations that are required of all students prior to a determination that a handicapping condition exists include a psychological evaluation, social history, physical examination and other appropriate educational evaluations.

The psychological evaluation, conducted by the school psychologist, and other appropriate educational evaluations, conducted by appropriate personnel, should result in information about a student's learning rate, educational achievement, learning strengths and weaknesses, and certain social considerations within the school.

The social history, typically developed by the school social worker, would add to this information, especially in describing the pupil's relationships with others, contributing factors in the home and social considerations within the school.

The physical examination by a physician provides information regarding the health and vitality of the student, the level of sensory or motor development and other physical needs which must be met in order for the pupil to progress educationally.

**Organizing Data for Determining Management Needs:**

The following charts have been prepared as worksheets to demonstrate how a committee might use its findings in each of the three areas of academic, social and physical development to determine the management needs of the pupil in the educational setting. The second column of the charts allows for a description of the management needs suggested by the information in column one.

The information gathered by evaluation specialists, working individually or cooperatively in the process, may be organized to reflect the pupil's management needs as well as his or her level of academic, social and physical development.

Since management needs are not considered in isolation, but rather as a reflection of the needs and goals of the other three areas, they are the major consideration in determining the appropriate learning environment (e.g., resource room or special class size if the special class option is chosen); the other three areas determine the annual goals and focus of the curriculum and services in the selected setting.

## LEVELS OF PERFORMANCE

| I. Learning Rates and Levels of Educational or Academic Achievement | Skill Area Strengths/Weaknesses | IV. Suggested Management Needs |
|---|---|---|
| **A. Learning Rate** | | |
| 1. Intellectual Functioning | | |
| 2. Rate of Acquisition of Skills | | |
| 3. Rate of Acquisition of Information | | |
| **B. Educational or Academic Achievement** | | |
| 1. Preacademic Skills | | |
| a. Self-Help Skills (Physical) | | |
| b. Mobility and Motor Development | | |
| c. Perceptual Skills | | |
| d. Basic Concepts | | |
| e. Communication Skills | | |
| (1) Mode of Communication | | |
| (2) Receptive Language | | |
| (3) Expressive Language | | |
| (4) Speech | | |

## LEVELS OF PERFORMANCE

| I. Learning Rates and Levels of Educational or Academic Achievement | Skill Area Strengths/Weaknesses | IV. Suggested Management Needs |
|---|---|---|
| **B. Educational or Academic Achievement (cont'd)** | | |
| 2. Academic Skills | | |
| a. Reading | | |
| (1) Decoding Level (independent instructional) | | |
| (2) Comprehension Level | | |
| b. Written Communication | | |
| (1) Handwriting | | |
| (2) Spelling | | |
| (3) Written Expression | | |
| c. Mathematics | | |
| (1) Conceptual Level | | |
| (2) Computational Level | | |
| d. Other Subject Areas | | |





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## LEVELS OF PERFORMANCE

| II. Social and Emotional Development | Skill Area Strengths/Weaknesses | IV. Suggested Management Needs |
|---|---|---|
| A. Student/Self | | |
| B. Student/Peer Interaction | | |
| C. Student/Teacher | | |
| D. Student/Family | | |

## LEVELS OF PERFORMANCE

| III. Level of Physical Development | Skill Area Strengths/Weaknesses | IV. Suggested Management Needs |
|---|---|---|
| **A. Health** | | |
| (1) General State | | |
| (2) Body Development Stature/Weight (below/at/above age level expectations) | | |
| (3) Problems | | |
| **B. Vitality** | | |
| **C. Sensory Development** | | |
| (1) Visual | | |
| (2) Auditory | | |
| (3) Tactile/Kinesthetic | | |
| (4) Olfactory | | |
| (5) Gustatory | | |

## THE HANDICAPPING CONDITION OF THE PUPIL

The identification of a pupil's handicapping condition is an essential part of the committee's recommendation and must be included in Phase I of the IEP. This not only documents eligibility for special education, but also provides the school district with a means for counting and documenting the number of handicapped pupils for purposes of completing required State reports, and obtaining Federal aid for the education of these pupils.

The decision on classification is a committee responsibility and is made after a comprehensive assessment of the child. The need to determine a pupil's handicapping condition reaffirms the importance of a sound referral procedure and the use of proper evaluation tools. The evaluation conducted to determine a pupil's levels of performance results in information which is both quantitative (i.e., IQ scores, academic scores, developmental levels) and qualitative (specific descriptions of behavioral and developmental characteristics). Such information, recorded in an organized fashion as suggested in the previous section of this manual, helps to determine the handicapping condition as well as a pupil's educational needs. By comparing the data from referral and evaluation with the definition guidelines provided by law and regulation, the committee is able to determine the handicapping condition of the pupil.

The classification of the pupil as having a specific handicapping condition establishes the pupil's eligibility for special education. A handicapping condition is any one or combination of mental, emotional or physical factors which adversely affects the child's educational performance. The specific handicapping conditions included in the Regulations of the Commissioner are listed in the Appendix of this guideline.

It is important to recognize that a child's handicapping condition may not be used as the sole basis for providing or not providing programs and services to the child. While the handicapping condition may indicate certain general needs of all such children, the specific needs of each child, regardless of his or her handicapping condition, are the basis for selecting educational goals and providing appropriate special programs and services.

If the evaluative information indicates that the pupil's educational performance is not being adversely affected, the pupil is determined not to be educationally handicapped and is, therefore, ineligible for special education. The appropriate information attained through the committee's review would then be provided to the building administrator so that an appropriate regular education program may be provided.

Once the committee has determined the pupil's handicapping condition, it may proceed with the development of annual goals based on the child's strengths and weaknesses. Consideration of these goals and the management needs of a pupil assist in the selection of appropriate programs and services.

## ANNUAL GOALS

The annual goals listed in Phase I of the IEP establish a long-range educational plan for pupils receiving special education services. The goals are written in Phase I to reflect the data obtained in determining the levels of performance. They set the stage for the more detailed short-term instructional objectives that are to be developed during Phase II of the IEP process.

Annual goals should be written for each area of learning in which special education is to be provided. They may include the usual academic areas and other curricular areas such as art and music, physical education and occupational education. They pinpoint problem areas or weaknesses of the pupil found in the performance data and structure a framework for improving pupil achievement.

The specified set of annual goals, which reflect the range of needs, assist in recommending a program and a placement in the least restrictive environment for the pupil. Goals which are clearly and objectively written can be useful in decisions regarding the appropriateness of one placement alternative over others.

Annual goals are achieved through the implementation of short-term instructional objectives developed during the planning conference. Planning conference participants use the annual goals to formulate objectives which outline the means to achieving the goals. Any goals added during the planning conference should be consistent with the original intent of the committee's recommendation; if these additional goals require a modification in the pupil's prescribed program, the committee should be notified of the need to review the program for appropriate revision.

## SELECTING APPROPRIATE PROGRAMS AND SERVICES

The central task of a committee on the handicapped is to design the combination of educational programs and services which will appropriately assist each pupil toward achieving his or her annual goals. This task requires the committee to consider two factors:

- The annual goals for academic achievement, social and physical development; and
- The management needs of the pupil in the classroom.

The annual goals determine the curriculum for the pupil. This may be the same as the regular school curriculum or may be specially designed according to the pupil's level of performance and learning needs. The management needs of the pupil may be similar to those of other pupils enrolled in the regular classrooms of the school or may require highly individualized attention through adapted instruction by a variety of specially trained personnel.

Listed below is a description of New York State's special education program and service options. Any one or combination of these services may be specified in the individualized education program to appropriately meet the handicapped pupil's annual goals and management needs in a least restrictive educational setting.

**Regular Classroom Programs:**

Handicapped pupils must, to the maximum extent appropriate, have the opportunity to participate in the regular classroom program. Many handicapped pupils can be successful in a regular class program, particularly if they are provided the special programs and services needed to satisfactorily achieve in this setting. Pupils placed in this setting may require only a related service as described below or they may be provided supplementary resource room assistance. Some pupils placed in the regular class programs may also be enrolled in special classes for a portion of the day to receive instruction in a specially designed curriculum. The IEP requires the inclusion of the extent to which a pupil may participate in the regular classroom programs of the school. The extent to which the pupil's academic, social, physical and management needs in the classroom are similar to those of the nonhandicapped pupils, is the committee's guide toward making this provision.

**Related Services:**

Related services are those supportive services which the committee on the handicapped has determined to be necessary to assist a handicapped pupil in benefitting from instruction in either a regular classroom or a special program. While enrolled in the regular or special classroom, the pupil with a handicapping condition may receive a number of periods a week of related services provided by appropriate specialists. The extent of these services may range from regular daily sessions to less frequent contacts depending upon the pupil's individualized education program. Related services are provided outside the classroom to individuals or small groups of no more than five pupils and may consist of physical or occupational therapy, speech pathology, counseling, special diagnostic assessment or other appropriate services to support the pupil in the classroom situation.

**Resource Room Programs:**

A special education resource room program is a specialized supplemental instructional program for a handicapped pupil placed in either a regular or special classroom. Resource room instruction may be given individually or in small group settings for at least three hours per school week and for no more than 50 percent of each school day. Resource room programs in which handicapped pupils are placed must meet the following standards:

- Instructional groups which include pupils with handicapping conditions may not exceed five pupils per resource room teacher.

- The composition of instructional groups which include pupils with handicapping conditions must be based upon the similarity of the individual needs of such pupils according to the four criteria.

- The total number of pupils with handicapping conditions assigned to a full-time resource room teacher may not exceed twenty.

- The resource room teacher must be appropriately certified or licensed.

**Special Classroom Programs:**

These programs are designed for pupils whose special education needs cannot, even with related services or resource room assistance, be satisfactorily met in the regular classroom situation. Each enrolled pupil requires specialized curriculum and instruction for a portion of each school day in a self-contained setting with other pupils who are also educationally handicapped. The amount of time spent in a special class program is based on the pupil's individual needs as documented in the IEP. In all cases, the class size and composition of a special class must be based upon the similarity of need of the enrolled pupils in the four criteria areas.

There are four types of special class options determined in accordance with the particular needs of the pupils enrolled.

**OPTION I:** A special class of no more than 12 pupils whose instructional and behavioral management needs may be met by the assigned teacher with no additional professional or paraprofessional assistance required.

**OPTION II:** A special class of no more than 12 pupils whose management needs interfere with the instructional process to the extent that an additional adult, either a teaching assistant or a teacher's aide, is needed within the classroom to assist during periods of instruction of such pupils.

**OPTION III:** A special class of no more than 6 pupils whose management needs in educational, social and/or physical areas are similar and highly intensive. These needs could not, even with related services, be met in a special class of more than 6 pupils. They require a high degree of individualized attention and intervention with the assignment of at least one paraprofessional to assist the classroom teacher during each period of instruction.

**OPTION IV:** A special class of no more than 12 pupils who have severe multiple handicaps and whose instruction is primarily oriented toward habilitation and treatment programs due to the severity of their handicapping conditions. In addition to the teacher, such classroom groups require the presence of one professional or paraprofessional staff person for each subgroup of three pupils in the classroom at any given time.

Instructional groups may include children having the same handicapping condition or children with different handicapping conditions; the primary consideration is that the children in the group have similar instructional needs. Also, except for classes of Option IV, the chronological age range for special classes containing pupils who are less than 16 years of age may not exceed three years. The age range within classes of pupils who are 16 years of age or older, and within Option IV classes, is not limited.

## FOUR CASE STUDIES

The following samples represent summary statements describing four handicapped students. These examples have been developed using different kinds of information which could be included in Phase I of the IEP. In order to illustrate a range of educational levels and needs, the four cases describe students who have been recommended for resource room or a special class placement, each with different educational needs, different staffing ratios required to meet those needs, and different annual goals. It should be noted that each set of recommendations is a suggestion for special education programs, services, needs and goals that might be considered, based on the information given, for each child. Further evaluation data or other extenuating circumstances could change any one of the sample recommendations.

While it is expected that districts will choose or develop an IEP format which will best meet their requirements, the information included in these case summaries, and the recommendations growing out of the diagnostic materials, might be included in Phase I, regardless of the format chosen and regardless of whether students are grouped categorically or noncategorically. In order to assist districts in translating clinical materials and COH summaries into Phase I recommendations using the four criteria, each set of student information has a slightly different Phase I format. These are presented as examples of how such documents might be developed.

The cases include student information and subsequent recommendations which should be considered as samples of the special education programs, services and annual goals that would be included on Phase I of the IEP. Remember that these samples are suggestions, are not inclusive, and are meant only to reflect some possible ways of using information on the needs of a student in order to recommend an appropriate educational program.

**Case A: James**

James has been referred to the committee on the handicapped by his junior high school English teacher. He is currently in eighth grade in a departmentalized junior high.

Clinical Summary

Learning Rate: Psychological testing places James, a 14 year old boy, in the high average range of intellectual functioning with a significant discrepancy between high performance and lower verbal abilities. Other indicators suggest a significant memory deficit for written information.

Basic Academic Skills: Speech and language evaluation indicates James' conversational language and articulation are age appropriate. He has difficulty expressing his thoughts in an organized manner when dealing with abstract concepts or detailed information. James' reading skills are severely depressed. Decoding is at the third grade level. He is dependent on phonetic decoding, has difficulty with automatic recall of nonphonetic words, and reads at a laborious pace. Although his listening comprehension is age appropriate, reading comprehension skills are severely affected by his decoding deficits and slow reading speed.

James' spelling skills are consistent with his third grade decoding skills. Consequently, his composition skills are severely delayed. Problems with sentence structure and punctuation are also noted. His dictated summaries and reports often lack organization. Research assignments can be completed only when the information is read to James and he dictates his answers.

Although James can deal adequately with social studies and science concepts, achievement is seriously affected by his reading and writing disabilities. Curriculum modifications are necessary.

Mathematics skills are age appropriate for material not requiring reading. James has successfully completed the first term of ninth grade general math with reading assistance from a peer tutor. Money management and operations with percentages need reinforcement. James has expressed an interest in mechanical drawing and drafting.

Social Development: James relates well to his peers and appears generally accepted by them. He relates well to adults although previous teachers report he can be "stubborn" and passively defiant when he feels demands are unreasonable. He appears generally well adjusted and motivated to learn. His frustration tolerance for academic areas has shown improvement.

Physical Development: James' health is satisfactory and his attendance is good. He wears glasses at all times. Hearing screening is nonsignificant. James' motor coordination is age appropriate. He is good at team sports, especially basketball. Fine motor coordination is adequate.

Management Needs: James works well independently if given skill-appropriate materials. He requires modified instruction (including use of a tape recorder) for reading and all subjects dependent upon reading. Small group remediation of language arts deficits is needed.

**IEP: Phase I**

**Current Levels of Performance:**

A. Academic/Cognitive Development

| Area | Level | Test | Date | Comments: |
|---|---|---|---|---|
| Intellectual functioning | high average | WISC-R | 6/81 | Significant discrepancy between high performance and lower verbal abilities. Poor recall for written information. |
| Area | Level | Test | Date | Comments: |
| Reading | 3rd grade | Gray Oral, Brigance Informal | 6/81 | Poor decoding skills, poor recall for sight words. Slow pace, comprehension limited by decoding. |
| Area | Level | Test | Date | Comments: |
| Math | 9th grade | Stanford Diagnostic | 10/81 | Successfully mainstreamed. Needs peer assistance for reading directions and word problems. |
| Area | Level | Test | Date | Comments: |
| Written expression | 3rd grade | Informal | 6/81 | Spelling, sentence structure, punctuation severely delayed. Needs remediation. Should dictate content area assignments. |
| Area | Level | Test | Date | Comments: |
| Other subjects | | | | Needs modified social studies and science curriculum using tapes, dictation. Good in art, drafting. |

B. Social Development

Relates well to peers and adults; frustration tolerance in weak academic areas has shown improvement; motivated.

C. Physical Development

Well-coordinated, athletic; enjoys basketball; wears glasses; healthy.

D. Management Needs

Works well independently if given skill-appropriate tasks; requires small group instruction in language arts areas and assistance in all subjects dependent upon reading.

**Classification:** Learning Disabled

**Annual Goals:**

James will increase sight vocabulary using vocabulary from each content area.

James will improve his writing skills through frequent composition exercises using dictation, proofreading and relevant topics.

James will develop better coping mechanisms for attending to difficult assignments.

James will improve subject performance in science and social studies through use of multimedia instruction whenever possible.

James will increase organizational abilities with attention given to daily schedules, sequencing and categorization.

**Educational Program:**

| |
|---|
| For James, these two options are workable considerations.<br>More information would be needed for a definite recommendation. |

COH Recommendations:

Option A

1. Noncategorical special education class for students ages 13-15 with a major focus on development of academic skills. Daily instruction to be provided in areas of language arts, reading, science and social studies.

2. Staffing ratio: 12 students:1 teacher; paraprofessional not required.

3. Math, physical education, mechanical drawing and lunch in the regular program.

4. No related services.

5. Testing modifications: read test instructions, unlimited time, use of dictionary.

Option B

1. Resource room program for students 13-15 years of age for 10 hours of instruction per week. Major focus on language, reading (decoding skills and reading in the content area) and written expression.

2. Staffing ratio: no more than 5 students per instructional group, 1 teacher.

3. Math, physical education, mechanical drawing, lunch, science and social studies in regular education. Resource teacher will use appropriate reading materials, as well as vocabulary and concepts from social studies and science curriculum, to supplement the regular education instruction.

4. No related services.

5. Testing modifications: use of tape recorder when appropriate; read test instructions orally; use of dictionary; alternative testing options of student projects and teacher observation when possible.

**Commentary:**

With James, a major consideration is the issue of providing special education as primary instruction or as supplemental instruction. James is 14 years old and may have the potential to accumulate Carnegie credits for receipt of a high school diploma.

Recommendation A provides primary instruction in James' weaker academic areas within a special class setting. Regular program participation is specified for math, physical education, mechanical drawing and lunch, all areas that James can presently handle without major adaptation.

Given the testing modifications listed in recommendation B, however, James' potential may be more appropriately achieved in the regular program. Resource room instruction would supplement and reinforce the regular curriculum and provide the flexibility needed for accumulation of diploma credits.

Before deciding on a recommendation for James, long-range vocational goals and expectations need to be discussed with James and his parents in order to establish a consistent, realistic high school program.

**Case B: Anthony**

Anthony has been referred to the committee on the handicapped by his school guidance counselor due to his increased difficulty with teachers and students in the building.

Clinical Summary

Learning Rate: Anthony is a 13 year old boy. Psychological testing indicates generally low average intellectual functioning. Educational evaluation and classroom observation indicates better performance in math and creative problem solving than in reading and language arts. Anthony seems better motivated in a well-structured, hands-on learning situation.

Basic Academic Skills: Educational testing indicates Anthony's language arts skills are comparable to those of a fourth grader, with difficulties noted in decoding multisyllable words and in making inferences in comprehension tasks. Spelling and written expression samples contain many careless errors. Anthony's handwriting is sloppy and sometimes illegible. The content of his compositions is often creative but can also be bizarre or violent.

Anthony's receptive and expressive language skills are age-appropriate. However, his teachers report that Anthony swears excessively throughout the day. His language often appears disconnected when he is upset. Anthony also makes involuntary gutteral noises periodically during class which disturb the others receiving instruction.

Anthony's math skills are age-appropriate although he tends to make careless errors when distracted. Anthony likes art and is highly creative when motivated and when able to complete assignments.

Social Development: Anthony has serious difficulties relating to his peers. He is often verbally abusive, manipulative, and teasing towards others. He tends to blame others for his own problems. He has been suspended twice for fighting and for destruction of property. Anthony works best with male teachers and in 1:1 situations. His behavior is inconsistent, ranging from highly immature and uncooperative to very cooperative. Inappropriate peer and adult interactions are most frequent in group situations. Anthony's self-image appears to be very poor. He requires consistent rewards and encouragement for appropriate behavior.

Physical Development: Anthony is a moderately overweight boy of average height. Although his manual dexterity is excellent, his gross motor coordination is less well-developed; he appears awkward and clumsy. Anthony avoids physical activities and often appears listless. He needs a structured physical activity program along with development of better eating habits. Anthony's neck twitched excessively during the physical examination. His records show that this nervous tic was first noted at age 10.

Management Needs: Both social and instructional situations need to be highly structured. Small group and 1:1 instruction are needed in language arts areas. Behavior management should stress both contingency management and peer feedback concerning the appropriateness of Anthony's behavior.

**IEP: Phase I**

**Current Levels of Performance:**

A. Learning rate/educational performance: Low average intellectual functioning, works best in well-structured, hands-on activities. Reading, writing, spelling on fourth grade level. Difficulty with multisyllable words, inferential comprehension, careless errors. Math: age appropriate. Language: age appropriate. Creative, artistic. Good potential for vocational programming if behavior can be modified.

B. Levels of social development: Poor peer relations. Can be verbally and physically abusive to others. Curses incessantly without provocation. Is disruptive and manipulative in group settings. Relates best to male teachers. Interactions with adults range from uncooperative to cooperative depending on structure of situation and demands placed on him.

C. Levels of physical development: Healthy; Moderately overweight; Appears listless; Nervous tic; Involuntary gutteral sounds; Resists but needs structured physical activity and attention to diet; Demonstrates independence in activities of daily living, self-care, and travel skills.

D. Management needs: Requires highly structured setting, consistent reinforcement of appropriate behaviors and strong contingency management. Adequate staffing needed to intervene if crisis arises. Needs small group and 1:1 instruction.

**Classification:** Other health-impaired

**Annual Goals:**

Academic

Anthony will show increased motivation in reading and language arts.

Anthony will improve writing and organizational skills.

Anthony will increase attention to academic tasks.

Anthony will continue current development of creative problem-solving skills.

Social

Anthony will establish more consistent social behavior in group situations with peers and adults.

Anthony will show decreased need for tangible reinforcement of good behavior.

Physical

Anthony will establish and maintain appropriate exercise and nutrition.

**Educational Program:**

COH Recommendations:

1. Noncategorical special education class for students ages 12-14 with an emphasis on developing appropriate social behaviors and remediating academic skills. Daily instruction in all academic areas, excluding math.

2. Staffing ratio: 6 students:1 teacher and 1 paraprofessional.

3. Mainstreaming for physical education, art, math, and lunch. Behavior in regular education should be monitored by special education teacher. Consultation should be provided by special education teacher to regular education teachers on techniques of behavior management.

4. Related services: Counseling: 1:1, once a week, 30 minutes; small group, once a week, 30 minutes.

5. Testing modifications: unlimited time, special setting without visual or auditory distractions.

6. Parent counseling suggested.

**Commentary:**

Anthony's classification would most likely be a major discussion point for a district committee on the handicapped. The possiblity of Tourette syndrome is laced throughout the clinical summary. Anthony swears incessantly, utters involuntary noises, exhibits a twitching of the neck and has difficulty relating to others.

The limited information suggests the need for more detail from the social history and for more extensive medical examinations. Further information may determine that, while Anthony exhibits certain behaviors to imply a handicapping condition of other health impaired, his inability to learn may not be a result of health factors and may indeed meet the criteria of the definition of emotionally disturbed.

In either case, whether the student is classified as other health-impaired or as emotionally disturbed, the appropriate program might be the same. The determination of his present levels of performance and his subsequent management needs would result in an appropriate program regardless of the classification.

## Case C: Carla

Carla is a 17 year old multiply handicapped girl who has recently moved to a new school district. She has been referred to the committee on the handicapped as a new entrant known to be handicapped.

### Clinical Summary

Learning Rate: Carla is functioning in the severely retarded range of intellectual development. All instruction must be at a concrete level with frequent repetition for new activities.

Educational Achievement: Carla's expressive language skills are limited to a few utterances. She is able to respond to her own name and to simple commands. Training in total communication has recently been introduced. Carla is beginning to use sign language to express her needs. Carla is able to complete some preacademic and prevocational tasks such as matching and sorting by size and color. She needs assistance in completing tasks that involve a two-step sequence. Carla can hold a crayon and can copy a horizontal and a vertical line. She has no knowledge of letters or numbers. Further instruction in activities for daily living skills (ADL) is required, particularly in the areas of personal hygiene, dressing and self-grooming. Carla's teachers report she enjoys cooking and music activities.

Social Development: Carla is generally responsive to adult directions but appears uncomfortable in most group situations. She is somewhat fearful of her peers and has difficulty interacting with them. However, she no longer screams or leaves the table when new students join an activity. During large group situations or in the presence of strangers, Carla may start to cry, become agitated or engage in self-abusive behavior (hand biting).

Physical Development: Carla is nonambulatory, but can move her wheelchair independently. Previous seizure activity is now controlled with medication. Carla requires assistance for toileting and dressing. When she needs help in toileting, Carla uses appropriate sign language. She is able to independently feed herself using adapted utensils. Carla requires physical therapy to maintain range of motion and prevent atrophy. Her fine motor skills have continued to improve and she is able to pick up and rotate small objects. Hearing and vision are intact.

Management Needs: Carla requires highly supervised instruction using concrete, manipulative materials. Adult assistance is needed for toileting and dressing. Positive peer interactions should be consistently rewarded. She must be closely supervised in group situations. A plan to reduce self-abusive behaviors must be developed and implemented. Medication must be monitored.

**IEP: Phase I**

**Current Levels of Performance:**

| Levels of Educational Achievement and Learning Rates | Management Needs |
|---|---|
| Severely retarded intellectual functioning. | Requires highly supervised instruction using concrete, manipulative materials. |
| Language - responds to own name and simple commands. Has a few single word utterances. Beginning sign language. | Staff needs knowledge of sign language. |
| Needs concrete instruction. Can match and sort by one attribute and completes one-step tasks. No letter or number knowledge. Activities of daily living, self-care and personal hygiene skills need to be addressed. | |
| **Levels of Social Development** | |
| Has difficulty in group situations, fearful. Works best in 1:1 setting. | Needs reinforcement for positive peer interaction. |
| Self-abusive (hand biting), cries when agitated. | Requires close supervision, management program to prevent self-abuse. |
| **Levels of Physical Development** | |
| Nonambulatory. Manages wheelchair independently. | Needs accessible facility. |
| Seizures controlled by medication. | Monitoring of medication required. |
| Will sign for assistance in toileting, dressing and training in personal hygiene. | Needs 1:1 assistance for toileting and dressing. |
| Can manipulate small objects. | |

**Classification:** Multiply Handicapped

**Annual Goals:**

- The student will decrease her self-abusive behavior.
- The student will improve her social interaction skills.
- The student will gain greater independence in activities for daily living, particularly in personal hygiene, dressing and toileting.
- The student will continue to perform range of motion exercises to maintain muscle tone.
- The student will continue in her ability to use sign language as a means to communicate.
- The student will demonstrate further expressive language skills.
- The student will continue to work on readiness and prevocational skills.

**Educational Program:**

COH Recommendations:

1. Special education class for severely multiply handicapped adolescents with a major focus on activities of daily living, self-care, communication, and prevocational skills. Daily instruction in special education for 100% of the day.
2. Staffing ratio: 12 students:1 teacher with 1 additional adult for each subgroup of 3 pupils.
3. Participation in "reverse mainstreaming project" with student aides from the high school. These students will provide some regular assistance within the classroom setting but will not be considered part of the recommended staffing ratio for Carla's program.
4. Related services: Speech and language therapy - total communication 1:1, 5 times a week, 30-minute periods. Physical therapy 1:1, 2 times a week, 30-minute periods. Parent training - group sessions, 1 time a week.
5. Testing status: exempt from standardized testing.

**Commentary:**

Carla is functioning in the severely retarded range of development. She is recommended for intensive special education instruction within a class of twelve students, one teacher, and an additional adult/student ratio of three to one.

Considering the intensity of instructional needs, an important component is missing from Phase I. A listing of specialized or adaptive equipment should be included to make classroom teachers aware of devices needed for daily instruction. Judging from the information given, that list might include items such as a communication board, adapted feeding instruments, oversized writing tools, a posture vest, and a wheelchair tray. Other equipment may also be necessary and would be determined by the committee on the handicapped with input from appropriate personnel.

**Case D: Susan**

Susan has been referred to the committee on the handicapped by her parents. She is presently attending elementary school and is enrolled in third grade. Susan's family has moved frequently. School attendance has been poor.

Clinical Summary

Learning Rate: Susan is an 8 year old girl whose behaviors indicate a low level of intellectual functioning. She has excellent rote recall abilities but demonstrates limited conceptual understanding. Her behavior suggests problem solving abilities when motivated, (e.g., locating candy, turning on kitchen machines).

Basic Academic Skills: Susan's language is severely delayed. She understands phrases and simple commands. Expressive language on demand is limited to one- or two-word utterances. Spontaneous language is typically limited to stereotype phrases and repetition of TV jingles. She requires intensive language remediation and consistent reinforcement of appropriate language usage. In academic areas, Susan demonstrates excellent rote skills coupled with very poor understanding. She can decode third grade material fluently but demonstrates only limited comprehension. Similarly, she has rote recall of math facts but does not understand operational concepts. Susan's writing consists of large print, poorly spaced. She will copy the same letter or word repeatedly if not supervised. She also writes "sentences" by linking unrelated words. Susan can match word labels to pictures. Development of meaningful academic and language skills should be addressed concurrently.

Social Development: Susan is generally nonresponsive to others unless placed in a structured situation. Eye contact is limited. She appears self-absorbed and exhibits hand gazing and ritualistic play with small objects. She may strike out at classmates if startled or abruptly interrupted, but is not generally disruptive to her peers. She can maintain parallel play for a short period of time. Susan has difficulty with transitions and when upset, punches her head or arm repeatedly. Susan will respond to structured 1:1 teaching situations provided eye contact is maintained and concrete reinforcement is provided.

Physical Development: Susan is a healthy girl of average height and weight. Screening indicates adequate hearing and vision. Gross motor coordination is adequate although her movements appear stiff and tense. She is enuretic but responds to a toileting schedule. She can dress herself if kept on task. Feeding skills are independent but she must be watched to prevent gulping down food.

Management Needs: Susan requires close supervision to ensure her own health and safety and that of others. She needs a consistent behavior management program using concrete rewards to reinforce eye contact, on-task behavior, appropriate task response, and meaningful use of language. Psychologist, teacher and parents need to develop and implement a contingency program to eliminate self-abusive and self-stimulatory behaviors.

**IEP: Phase I**

**Current Levels of Performance:**

| AREA | CURRENT PERFORMANCE LEVEL | SPECIFIC NEEDS |
|---|---|---|
| Learning Rate | Moderate retardation | Needs concrete instruction. |
| Mathematics | Rote recall of (+ -) math facts with little understanding of number or operations concepts. | Needs instruction using concrete materials stressing concepts of more, less, set/symbol correspondence and set combinations. |
| Writing | Poorly spaced printing. Spelling third grade. Nonmeaningful use of written words. | Integrate writing, reading, and language remediation. Stress meaning. |
| Language | Receptive understanding of simple phrases, commands. Expresses needs in one- or two-word utterances. Uses stereotyped language, repeats TV jingles. | Needs intensive language remediation for appropriate language usage. |
| Social | Limited eye contact. Limited peer interaction. Exhibits self-stimulatory and self-abusive (head punching, arm punching) behaviors. | Needs constant structure and supervision. Self-abusive behaviors need to be eliminated. |
| Physical | Healthy child of average height, weight. Gross motor appears stiff. Enuretic. Semi-independent for feeding and dressing. | Needs toileting schedule. Needs to be monitored at meal times. |
| Management | Unable to function without constant structure, strict supervision and staff intervention to prevent self/other abuse. | Needs close supervision, consistent reinforcement program and plan to eliminate self-abusive behaviors. Follow-through in the home needed. |

**Classification:** Autistic

**Annual Goals:**

- The student will decrease the frequency of her self-abusive and self-stimulatory behaviors.
- The student will improve her social interaction skills.
- The student will increase her sight vocabulary and reading comprehension skills.
- The student will increase her understanding of number and operation concepts.
- The student will require greater self-sufficiency in her toileting.
- The student will demonstrate appropriate eating behaviors.
- The student will develop a greater proficiency in the areas of expressive and receptive language.
- The student will be able to print clearly with adequate spacing between letters and words.

**Educational Program:**

COH Recommendations:

1. Noncategorical special class for 6-8 year old students needing highly structured and consistent instruction with an emphasis on developing appropriate behaviors, meaningful use of language, and mastery of activities for daily living skills (ADL). Daily instruction in special education for 100% of the day.
2. Staffing ratio: 6 students: 1 teacher plus 1 additional paraprofessional.
3. Regular class involvement: none at present. Class trips should be used to teach appropriate behavior outside the classroom setting.
4. Related services: Speech and language 1:1, times a week, ½ hour. Weekly psychological consultation with classroom teacher re: behavior management. Parent training in behavior management, group sessions, once a week.
5. Testing status: exempt from standardized testing.

**Commentary:**

Parent involvement is a key issue throughout Susan's referral, evaluation and placement. According to regulation, parent education and counseling must be provided for parents of autistic pupils. Therefore, parent involvement would facilitate the following:

- a detailed social history providing information regarding poor school attendance and frequent family moves.
- Phase I development with parent input for Susan's annual goals.
- Phase II conference and development of short-term objectives.

Susan's parents would be better equipped to reinforce classroom skills in the home setting with maximum input throughout the process. Parent education and counseling would then be directed toward implementing the established goals and objectives that all concerned parties determined to be necessary.

## A CONCLUDING STATEMENT

The development, implementation and review of a pupil's individualized education program is a continuous process which begins with the pupil's referral to the committee on the handicapped for initial consideration or review and ends when the pupil is no longer educationally handicapped or has completed schooling. The processes of evaluation, developing recommendations to the board of education and placing the pupils in approved programs involves a number of persons, each having a legitimate interest in the pupil's education and each viewing the pupil's achievements from his or her professional or personal perspective.

The suggestions forwarded in this document are offered in recognition of the fact that the development of an appropriate IEP is dependent upon quantitative and qualitative pupil performance data. Such data is objectively gathered and interpreted; translated into statements of educational and instructional needs; effectively communicated and consistently reviewed at each stage in the development process. It is hoped that these suggestions will help school personnel, members of boards of education and parents arrive at appropriate decisions regarding the identification, classification and placement of pupils with handicapping conditions.

## APPENDIX

Categories of Handicapping Conditions

A Pupil with Handicapping Conditions: means an educationally handicapped child, who has not attained the age of 21 prior to September 1 or received a diploma, who is entitled to attend public schools and who, because of mental, physical or emotional reasons has been identified as having a handicapping condition and can receive appropriate educational opportunities from special services and programs. The range of classifications is as described below:

- Mentally Retarded: a pupil who, concurrent with deficits in adaptive behavior, consistently demonstrates general intellectual functioning that is determined to be 1.5 standard deviations or below the mean of the general population on the basis of a comprehensive evaluation which includes an individual psychological evaluation.

- Emotionally Disturbed: a pupil with an inability to learn which cannot be explained by intellectual, sensory or health factors and who exhibits one or more of the following characteristics over a long period of time and to a marked degree:

  - An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

  - Inappropriate types of behavior or feelings under normal circumstances.

  - A generally pervasive mood of unhappiness or depression.

  - A tendency to develop physical symptoms or fears associated with personal or school problems.

  The term does not include socially maladjusted pupils unless it is determined that they are emotionally disturbed.

- Deaf: a pupil with a hearing impairment which is so severe that the pupil is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects educational performance.

- Hard of Hearing: a pupil with a hearing impairment, whether permanent or fluctuating, which adversely affects the pupil's educational performance but which is not included under the definition of "deaf."

- Speech Impaired: a pupil with a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, which adversely affects a pupil's educational performance.

- Visually Impaired: a pupil with a visual handicap which, even with correction, adversely affects the pupil's educational performance. The term includes both partially seeing and blind pupils.

- Orthopedically Impaired: a pupil who is physically handicapped and who has a severe orthopedic impairment which adversely affects the pupil's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.) and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns which cause contractures).

- Other Health Impaired: a pupil who is physically handicapped and who has limited strength, vitality or alertness, due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, diabetes, or Tourette syndrome which adversely affect the pupil's educational performance.

- Autistic: a pupil who exhibits a behaviorally defined syndrome which occurs in children of all levels of intelligence. The essential features are typically mainfested prior to 30 months of age and include severe disturbances of developmental rates and/or sequences, or responses to sensory stimuli, of speech, of language, of cognitive capacities, and of the ability to relate to people, events, and objects.

- Learning Disabled: a pupil with a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which manifests itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, neurological impairment, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include pupils who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental, cultural or economic disadvantage. A pupil who exhibits discrepancy of 50 percent or more between expected achievement and actual achievement determined on an individual basis shall be deemed to have a learning disability.

- Multiply Handicapped: a pupil with two or more handicapping conditions that result in multisensory or motor deficiencies and developmental lags in the cognitive, affective, or psychomotor areas, the combination of which cause educational problems that cannot be accommodated in a special education program solely for one of the impairments.